

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): _____ Chapter 7

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

Rayl Enterprises, Inc.

2. All other names debtor used in the last 8 years

Grace Counseling Center

Watchdog Screening and HR Solutions

Include any assumed names, trade names, and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN)

2 6 - 4 7 9 9 7 2 9

4. Debtor's address

Principal place of business

105 Kathryn Drive Bldg. 3

Number Street

Lewisville, TX 75067

City State ZIP Code

Denton

County

Mailing address, if different from principal place of business

4251 FM 2181

Number Street

Denton, TX 76210

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

TX

City State ZIP Code

5. Debtor's website (URL)

Grace-Counseling.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor Rayl Enterprises, Inc.
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6 2 1 4

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check all that apply:
☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No
☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
☐ Yes. Debtor _____ Relationship _____
District _____ When _____
Case number, if known _____
MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Debtor Rayl Enterprises, Inc.
Name

Case number (if known) _____

11. Why is the case filed in *this* district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number Street

City

State

ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds?

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- ☐ 1-49 ☒ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

15. Estimated assets

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor Rayl Enterprises, Inc.
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/20/2025
MM/ DD/ YYYY

X /s/ Cheryl Rayl
Signature of authorized representative of debtor

Cheryl Rayl
Printed name

Title CEO

18. Signature of attorney

X /s/ Robert T DeMarco
Signature of attorney for debtor

Date 03/20/2025
MM/ DD/ YYYY

Robert T DeMarco
Printed name

DeMarco Mitchell, PLLC
Firm name

500 N. Central Expressway Suite 500
Number Street

Plano TX 75074
City State ZIP Code

(972) 991-5591
Contact phone

robert@demarcomitchell.com
Email address

24014543 TX
Bar number State

Fill in this information to identify the case:

Debtor Name **Rayl Enterprises, Inc.**

United States Bankruptcy Court for the: **Eastern** District of **Texas**
(State)

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. **Cash on hand**

3. **Checking, savings, money market, or financial brokerage accounts** (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Frost Bank**

Checking account

2 4 2 8

\$12.44

4. **Other cash equivalents** (Identify all)

4.1

4.2

5. **Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$12.44

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes. Fill in the information below.

Current value of debtor's interest

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1 **1422 Main**

\$1,500.00

7.2 **Ellis Tinsley**

\$2,041.33

Debtor Rayl Enterprises, Inc.
Name

Case number (if known) _____

7.3 Ellis Tinsley \$1,895.83

7.4 Rex Payne \$7,640.43

7.5 J & J Supreme \$1,500.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1 _____

8.2 _____

9. **Total of Part 2**

Add lines 7 through 8. Copy the total to line 81.

\$14,577.59

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

11. **Accounts receivable**

11a. 90 days old or less: \$21,000.00 - \$19,000.00 =..... → unknown
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$281,000.00 - \$267,000.00 =..... → unknown
face amount doubtful or uncollectible accounts

12. **Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method used
for current value

Current value of
debtor's interest

14. **Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1 _____

14.2 _____

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of
ownership:

15.1. _____

Debtor Rayl Enterprises, Inc.
Name

Case number (if known) _____

15.2. _____

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1 _____

16.2 _____

17. **Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

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Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	_____	_____	_____
20. Work in progress				
_____	MM / DD / YYYY	_____	_____	_____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	_____	_____	_____
22. Other inventory or supplies				
_____	MM / DD / YYYY	_____	_____	_____

23. **Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

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24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops—either planted or harvested

29. Farm animals *Examples:* Livestock, poultry, farm-raised fish

30. Farm machinery and equipment (Other than titled motor vehicles)

31. Farm and fishing supplies, chemicals, and feed

32. Other farming and fishing-related property not already listed in Part 6

33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

34. Is the debtor a member of an agricultural cooperative?

- ☒ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

Debtor Rayl Enterprises, Inc.
Name

Case number (if known) _____

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture <u>Furniture -(see attached)</u>	<u>unknown</u>		<u>\$57,314.00</u>
40. Office fixtures _____	_____	_____	_____
41. Office equipment, including all computer equipment and communication systems equipment and software <u>computers-(see attached)</u>	<u>unknown</u>		<u>\$13,450.00</u>
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles 42.1 _____ 42.2 _____ 42.3 _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
43. Total of Part 7 Add lines 39 through 42. Copy the total to line 86.			<div>\$70,764.00</div>
44. Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
45. Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Part 8: Machinery, equipment, and vehicles			
46. Does the debtor own or lease any machinery, equipment, or vehicles? <input type="checkbox"/> No. Go to Part 9. <input checked="" type="checkbox"/> Yes. Fill in the information below.			
General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles 47.1 <u>2024 Nissan Kicks</u>	<u>unknown</u>		<u>\$21,061.00</u>
47.2 <u>2019 Volkswagen Jetta</u>	<u>unknown</u>		<u>\$13,954.00</u>
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			

Debtor **Rayl Enterprises, Inc.**
Name

Case number (if known) _____

48.1 _____

48.2 _____

49. **Aircraft and accessories**

49.1 _____

49.2 _____

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

\$35,015.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes. Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	_____	_____	_____
55.2 _____	_____	_____	_____	_____
55.3 _____	_____	_____	_____	_____
55.4 _____	_____	_____	_____	_____
55.5 _____	_____	_____	_____	_____
55.6 _____	_____	_____	_____	_____

56. **Total of Part 9**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No

☐ Yes

Debtor **Rayl Enterprises, Inc.**
Name

Case number (if known) _____

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
Tagline-Value	unknown		unknown
61. Internet domain names and websites			
Grace-Counseling.com	unknown		\$0.00
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10			\$0.00

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

Debtor Rayl Enterprises, Inc.
Name

Case number (if known) _____

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**

Description (include name of obligor)

_____ - _____ = **→** _____
Total face amount doubtful or uncollectible amount

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

_____ Tax year _____
_____ Tax year _____
_____ Tax year _____

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Nature of claim _____
Amount requested _____

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

Nature of claim _____
Amount requested _____

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

78. **Total of Part 11**

Add lines 71 through 77. Copy the total to line 90.

Debtor Rayl Enterprises, Inc.
Name

Case number (if known) _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	<u>\$12.44</u>	
81. Deposits and prepayments. Copy line 9, Part 2.	<u>\$14,577.59</u>	
82. Accounts receivable. Copy line 12, Part 3.	<u>unknown</u>	
83. Investments. Copy line 17, Part 4.	<u> </u>	
84. Inventory. Copy line 23, Part 5.	<u> </u>	
85. Farming and fishing-related assets. Copy line 33, Part 6.	<u> </u>	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	<u>\$70,764.00</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	<u>\$35,015.00</u>	
88. Real property. Copy line 56, Part 9..... →		<div><u> </u></div>
89. Intangibles and intellectual property. Copy line 66, Part 10.	<u>\$0.00</u>	
90. All other assets. Copy line 78, Part 11.	+ <u> </u>	
91. Total. Add lines 80 through 90 for each column.....91a.	<div><u>\$120,369.03</u></div>	+ 91b. <div><u> </u></div>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		<div><u>\$120,369.03</u></div>

Fill in this information to identify the case:

Debtor name **Rayl Enterprises, Inc.**

United States Bankruptcy Court for the: **Eastern** District of **Texas**
(State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name

Ally Financial

Describe debtor's property that is subject to a lien

2024 Nissan Kicks

\$9,647.75

\$21,061.00

Creditor's mailing address

2911 Lake Vista Drive

Describe the lien

lease

Lewisville, TX 75067

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Date debt was incurred **6/10/2024**

Last 4 digits of account number **9 6 3 5**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

Remarks: 60 month lease first payment due 7/10/2024

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,755,425.44

Debtor **Rayl Enterprises, Inc.**
Name

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value
of collateral.

Column B

**Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.2	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	Ally Financial	2019 Volkswagen Jetta	\$4,759.70	\$13,954.00
	Creditor's mailing address	Describe the lien		
	2911 Lake Vista Drive	lease		
	Lewisville, TX 75067			
	Creditor's email address, if known	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Date debt was incurred 02/07/2022	Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Last 4 digits of account number _____	As of the petition filing date, the claim is:		
		Check all that apply.		
	Do multiple creditors have an interest in the same property?	<input type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			

	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
	Remarks: 10 months left on lease			

Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.3 Creditor's name <u>Bayfirst</u>	Describe debtor's property that is subject to a lien _____	\$453,334.99	unknown
Creditor's mailing address <u>700 Central Ave., Mail Code 206</u> <u>Saint Petersburg, FL 33701</u>	Describe the lien <u>secured by all inventory, equipment, goods, accounts</u>		
Creditor's email address, if known _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred <u>7/6/2024</u>	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Last 4 digits of account number <u>9 1 0 0</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor **Rayl Enterprises, Inc.**
Name

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value
of collateral.

Column B

**Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.4 Creditor's name Orange Advance	Describe debtor's property that is subject to a lien _____	\$104,400.00	unknown
Creditor's mailing address 101 Chase Ave. Ste. 101	_____		
Lakewood, NJ 08701	_____		
Creditor's email address, if known _____	Describe the lien merchant loan secured by accounts receivable		
Date debt was incurred 10/2024	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor **Rayl Enterprises, Inc.**
Name

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.5 Creditor's name

Small Business Administration

Creditor's mailing address

150 Westpark Way Ste, 130

Euless, TX 76040

Creditor's email address, if known

Date debt was incurred **11/16/2020**

Last 4 digits of account number **8 2 0 8**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines _____

Describe debtor's property that is subject to a lien

Accounts receivable under 90 days

Describe the lien

secured by all inventory, equipment, goods, accounts, general intangibles

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

\$987,767.82

unknown

Debtor Rayl Enterprises, Inc.
Name _____

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value
of collateral.

Column B

**Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.6 Creditor's name <u>Transportation Alliance Bank</u>	Describe debtor's property that is subject to a lien _____ _____	\$195,515.18	unknown
Creditor's mailing address <u>4185 Harrison Blvd.</u>	_____ _____		
<u>Ogden, UT 84403</u>	Describe the lien <u>consolidation loan secured by all assets</u>		
Creditor's email address, if known _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred <u>8/28/2024</u>	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Last 4 digits of account number <u>3 1 3 1</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor Rayl Enterprises, Inc.
Name

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Jay Klein PO Box 714 Lakewood, NJ 08701	Line 2. <u>4</u>	____
_____ _____ _____	Line 2. ____	____
_____ _____ _____	Line 2. ____	____
_____ _____ _____	Line 2. ____	____
_____ _____ _____	Line 2. ____	____
_____ _____ _____	Line 2. ____	____
_____ _____ _____	Line 2. ____	____
_____ _____ _____	Line 2. ____	____
_____ _____ _____	Line 2. ____	____
_____ _____ _____	Line 2. ____	____

Fill in this information to identify the case:

Debtor name Rayl Enterprises, Inc.

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1

Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account

number ____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

Priority amount

2.2

Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account

number ____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor Rayl Enterprises, Inc.
Name

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address <u>Cheryl Rayl</u> <u>1750 Timber Ridge Circle</u> <u>Corinth, TX 76210</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,333.33</u>
3.2	Nonpriority creditor's name and mailing address <u>1422 Main Ltd.</u> <u>2016 Justin Rd. Ste. 300</u> <u>Lewisville, TX 75077</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>premise lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,092.46</u>
3.3	Nonpriority creditor's name and mailing address <u>Adrian Campbell</u> <u>13432 Hang Fire Lane</u> <u>Cresson, TX 76035</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$82.50</u>
3.4	Nonpriority creditor's name and mailing address <u>Aetna Better Health of Texas</u> <u>PO Box 982979</u> <u>El Paso, TX 79998-2979</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,265.78</u>

Debtor Rayl Enterprises, Inc.
Name

Case number (if known) _____

Part 2: Additional Page

3.5	Nonpriority creditor's name and mailing address <u>Aetna Provider Garnishments</u> <u>PO Box 818048</u> <u>Cleveland, OH 44181-8048</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address <u>Afalco</u> <u>PO Box 5388</u> <u>Columbus, GA 31906</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$679.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address <u>Alexa Gould</u> <u>318 Quail Crossing Dr.</u> <u>Sanger, TX 76266</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$248.64</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address <u>Alexis Writtenverry</u> <u>1901 N. Colony Blvd.</u> <u>The Colony, TX 75056</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$89.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Rayl Enterprises, Inc.
Name _____

Case number (if known) _____

Part 2: Additional Page

3.9	Nonpriority creditor's name and mailing address <u>American Express</u> <u>Attn: Global Collections et al</u> <u>200 Versey Street</u> <u>New York, NY 10285</u> Date or dates debt was incurred <u>various</u> Last 4 digits of account number <u>2 0 0 1</u>	As of the petition filing date, the claim is: <u>\$13,812.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address <u>American Express</u> <u>Attn: Global Collections et al</u> <u>200 Versey Street</u> <u>New York, NY 10285</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>1 0 0 4</u>	As of the petition filing date, the claim is: <u>\$22,832.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address <u>Ameritas</u> <u>12655 N. Central Expwy. #910</u> <u>Dallas, TX 75251</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>0 0 0 2</u>	As of the petition filing date, the claim is: <u>\$689.22</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Dental Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address <u>Ameritas Life Insurance Group</u> <u>PO Box 81889</u> <u>Lincoln, NE 68501-1889</u> Date or dates debt was incurred <u>12/2024</u> Last 4 digits of account number <u>0 0 0 2</u>	As of the petition filing date, the claim is: <u>\$51.52</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>life insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Rayl Enterprises, Inc.
Name

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Part 2: Additional Page

3.13	Nonpriority creditor's name and mailing address <u>APG&E</u> <u>PO Box 660038</u> <u>Dallas, TX 75266</u> Date or dates debt was incurred <u>11/2024</u> Last 4 digits of account number <u>5 6 3 4</u>	As of the petition filing date, the claim is: <u>\$384.55</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address <u>APG&E</u> <u>PO Box 660038</u> <u>Dallas, TX 75266</u> Date or dates debt was incurred <u>11/2024</u> Last 4 digits of account number <u>3 2 0 7</u>	As of the petition filing date, the claim is: <u>\$1,305.11</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address <u>APG&E</u> <u>PO Box 660038</u> <u>Dallas, TX 75266</u> Date or dates debt was incurred <u>11/2024</u> Last 4 digits of account number <u>- 0 1 0</u>	As of the petition filing date, the claim is: <u>\$384.55</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address <u>Ashley Office Systems</u> <u>PO Box 843</u> <u>Nash, TX 75569</u> Date or dates debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>\$137.91</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>copier lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Rayl Enterprises, Inc.
Name

Case number (if known) _____

Part 2: Additional Page

3.17	Nonpriority creditor's name and mailing address <u>Background Screenings of America</u> <u>9333 Melvin Ave.</u> <u>Northridge, CA 91324</u> Date or dates debt was incurred <u>10/2024</u> Last 4 digits of account number <u>0 2 0 2</u>	As of the petition filing date, the claim is: <u>\$102.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address <u>Barket Epstein Kearon et al</u> <u>666 Old Country Road Ste. 700</u> <u>Garden City, NY 11530</u> Date or dates debt was incurred <u>4/2024</u> Last 4 digits of account number <u>8 5 7 9</u>	As of the petition filing date, the claim is: <u>\$19,731.27</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address <u>Berry & Moro</u> <u>4099 McEwen Rd. Ste. 420</u> <u>Dallas, TX 75244</u> Date or dates debt was incurred <u>various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>\$26,345.10</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address <u>Block Equity Group</u> <u>C/O Joseph Valdini</u> <u>205 Sunrise Hwy.</u> <u>Rockville Centre, NY 11570</u> Date or dates debt was incurred <u>2/2024</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>\$52,450.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>promissory note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Rayl Enterprises, Inc.
Name _____

Case number (if known) _____

Part 2: Additional Page

3.21	Nonpriority creditor's name and mailing address <u>Blue Cross & Blue Shield of TX</u> <u>Dept 0695</u> <u>PO Box 120695</u> <u>Dallas, TX 75312-0695</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$528.16</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>clawback</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address <u>Bosshelp Technical Consultants</u> <u>2409 Crown Ct.</u> <u>Carrollton, TX 75006</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>9 7 3 7</u>	As of the petition filing date, the claim is: <u>\$2,469.82</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address <u>Bryan Simmons</u> <u>422 E. Main</u> <u>Bloomburg, TX 75556</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$800.94</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	Nonpriority creditor's name and mailing address <u>Caine & Weiner</u> <u>PO Box 55848</u> <u>Sherman Oaks, CA 91413</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>9 7 3 7</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collecting for Bosshelp Technical Consultants</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Rayl Enterprises, Inc.
Name

Case number (if known) _____

Part 2: Additional Page

3.25	Nonpriority creditor's name and mailing address <u>Capital One Business</u> <u>PO Box 30285</u> <u>Salt Lake City, UT 84130</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>3 4 1 7</u>	As of the petition filing date, the claim is: <u>\$730.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address <u>Carelon Behavioral Health</u> <u>5800 Northampton Blvd</u> <u>Norfolk, VA 23502</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address <u>Chelsea Bryant</u> <u>908 Autumn Oak</u> <u>Denton, TX 76209</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <u>\$2,916.77</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address <u>Cheyenne Ledbetter</u> <u>1008 Mitchell Lane</u> <u>Burleson, TX 76028</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <u>\$2,341.02</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Rayl Enterprises, Inc.
Name _____

Case number (if known) _____

Part 2: Additional Page

3.29	Nonpriority creditor's name and mailing address <u>Cigna Healthcare</u> <u>c/o Rawlings Co.</u> <u>PO Box 589</u> <u>La Grange, KY 40031-0589</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$6,520.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address <u>Cotiviti</u> <u>PO Box 952366</u> <u>Saint Louis, MO 63195-2366</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$3,192.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>calwback</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	Nonpriority creditor's name and mailing address <u>David lawback</u> <u>442 Hayden Drive</u> <u>Lewisville, TX 75067</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,480.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	Nonpriority creditor's name and mailing address <u>David Simeone</u> <u>7140 Longo Dr.</u> <u>The Colony, TX 75056</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$3,093.35</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Rayl Enterprises, Inc.
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3.33	Nonpriority creditor's name and mailing address <u>Dealers First Financial LLC</u> <u>PO Box 1069</u> <u>Bellville, TX 77418</u> Date or dates debt was incurred <u>2/2022</u> Last 4 digits of account number <u>6 6 0 A</u>	As of the petition filing date, the claim is: <u>\$1,884.14</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Copier Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address <u>Dex Imaging, LLC</u> <u>5109 W. Lemon Street</u> <u>Tampa, FL 33609</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>- 0 0 0</u>	As of the petition filing date, the claim is: <u>\$1,929.02</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>copier leases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address <u>Dreamscape Unlock Health</u> <u>6716 Alexander Bell Drive</u> <u>Columbia, MD 21046</u> Date or dates debt was incurred <u>6/2024</u> Last 4 digits of account number <u>1 9 6 5</u>	As of the petition filing date, the claim is: <u>\$12,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address <u>Elexis Nichols</u> <u>12660 Jupiter Road</u> <u>Dallas, TX 75238</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$788.32</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.37	Nonpriority creditor's name and mailing address <u>Equian, LLC</u> <u>DM Trust-Aetna</u> <u>PO Box 639715</u> <u>Cincinnati, OH 45263-9715</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,489.76</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>clawback</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address <u>Erica Ramage</u> <u>5686 FM 560</u> <u>Hooks, TX 75561</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$665.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	Nonpriority creditor's name and mailing address <u>Frontier</u> <u>Po Box 5166</u> <u>Tampa, FL 33675-5166</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>9 1 6 5</u>	As of the petition filing date, the claim is: <u>\$1,659.80</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	Nonpriority creditor's name and mailing address <u>Hailey Finn</u> <u>100 Cannon Pkwy. #1438</u> <u>Roanoke, TX 76262</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,102.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.41	Nonpriority creditor's name and mailing address <u>Heather Cupp</u> <u>1924 Stoneway Dr.</u> <u>Grapevine, TX 76051</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$3,218.32</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42	Nonpriority creditor's name and mailing address <u>Human Interest</u> <u>655 Montgomery Street Ste. 1800</u> <u>San Francisco, CA 94111</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,313.30</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>401k plan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43	Nonpriority creditor's name and mailing address <u>Intuit/Webbank</u> <u>215 South State St. Ste. 1000</u> <u>Salt Lake City, UT 84111</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$11,633.39</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>line of credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	Nonpriority creditor's name and mailing address <u>James Clark</u> <u>2808 Lineville Drive Apt. 204K</u> <u>Dallas, TX 75234</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$2,607.05</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.45	Nonpriority creditor's name and mailing address <u>Katherine Ladd</u> <u>1519 Bluebonnet Trail</u> <u>Arlington, TX 76013</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$2,166.67</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	Nonpriority creditor's name and mailing address <u>Kevin Bolt</u> <u>4560 FM 995</u> <u>Atlanta, TX 75551</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,340.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47	Nonpriority creditor's name and mailing address <u>Kyra Cooper</u> <u>5920 Rozanna St.</u> <u>Joshua, TX 76058</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$2,083.42</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48	Nonpriority creditor's name and mailing address <u>Lauren Modin</u> <u>5416 Timber Creek Road</u> <u>Flower Mound, TX 75028</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$140.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.49	Nonpriority creditor's name and mailing address <u>Lauren Scott</u> <u>1701 Bradford Ct.</u> <u>Denton, TX 76210</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$944.48</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.50	Nonpriority creditor's name and mailing address <u>Liam Kelly</u> <u>3917 Redstone Rd.</u> <u>Denton, TX 76209</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,240.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51	Nonpriority creditor's name and mailing address <u>Lightning Step</u> <u>5757 Woodway Dr. Ste. 278</u> <u>Houston, TX 77057</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$12,758.07</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52	Nonpriority creditor's name and mailing address <u>Linsey Rayl</u> <u>1412 Park Palisades</u> <u>Denton, TX 76210</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$3,333.33</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.53	Nonpriority creditor's name and mailing address <u>Magellan</u> <u>MBC Health Providers</u> <u>PO Box 1289</u> <u>Maryland Heights, MO 63043</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.54	Nonpriority creditor's name and mailing address <u>Mercedes Scientific</u> <u>12210 Rangeland Pkwy.</u> <u>Bradenton, FL 34211</u> Date or dates debt was incurred <u>11/2/2024</u> Last 4 digits of account number <u>4 8 1 8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$64.95</u>
3.55	Nonpriority creditor's name and mailing address <u>Metlife</u> <u>18210 Crane Nest Drive</u> <u>Tampa, FL 33647</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>0 0 0 1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>life insurance for employees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$140.40</u>
3.56	Nonpriority creditor's name and mailing address <u>Mitchell Deforest</u> <u>111 Timberview Dr.</u> <u>Lewisville, TX 75077</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$633.00</u>

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3.57	Nonpriority creditor's name and mailing address <u>Nationwide</u> <u>One Nationwide Plaza</u> <u>Columbus, OH 43215</u> Date or dates debt was incurred <u>12/2024</u> Last 4 digits of account number <u>2 2 4 0</u>	As of the petition filing date, the claim is: <u>\$734.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.58	Nonpriority creditor's name and mailing address <u>Nikita Yarborough</u> <u>2041 Rushing Creek Dr.</u> <u>Heartland, TX 75126</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$230.77</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.59	Nonpriority creditor's name and mailing address <u>Nishendu Vasavada, MD</u> <u>4100 Fairway Ct. Apt. 200</u> <u>Carrollton, TX 75010</u> Date or dates debt was incurred <u>11/2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$10,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Director</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60	Nonpriority creditor's name and mailing address <u>Oakmont Tres Amigos, LLC</u> <u>6421 Camp Bowie Blvd #302</u> <u>Fort Worth, TX 76116</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$50,789.88</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>premise lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.61	Nonpriority creditor's name and mailing address <u>Office Depot Office Max</u> <u>PO Box 790439</u> <u>Saint Louis, MO 63179</u> Date or dates debt was incurred <u>10/2024</u> Last 4 digits of account number <u>6 4 4 3</u>	As of the petition filing date, the claim is: <u>\$1,251.88</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62	Nonpriority creditor's name and mailing address <u>Optun/United Healthcare Services</u> <u>PO Box 736187</u> <u>Chicago, IL 60673</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>9 8 2 9</u>	As of the petition filing date, the claim is: <u>\$382,500.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>advance in heathcare</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	Nonpriority creditor's name and mailing address <u>PENS</u> <u>PO Box 847203</u> <u>Dallas, TX 75284-7203</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>4 6 9 6</u>	As of the petition filing date, the claim is: <u>\$185.75</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64	Nonpriority creditor's name and mailing address <u>Point Bank</u> <u>400 Westway St.</u> <u>Denton, TX 76201-3027</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$2,376.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>overdraft</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.65	Nonpriority creditor's name and mailing address <u>Prority Healy</u> <u>1705 Reliable Pkwy.</u> <u>Chicago, IL 60686-0017</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$280.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>clawback</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66	Nonpriority creditor's name and mailing address <u>Quill</u> <u>300 Tri State Internatioonal Dr Ste. 300</u> <u>Lincolnshire, IL 60069</u> Date or dates debt was incurred <u>10/2024</u> Last 4 digits of account number <u>4 1 5 3</u>	As of the petition filing date, the claim is: <u>\$69.99</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67	Nonpriority creditor's name and mailing address <u>Rapid Finance</u> <u>4500 East West Highway 6th Floor</u> <u>Bethesda, MD 20814</u> Date or dates debt was incurred <u>7/2023</u> Last 4 digits of account number <u>4 0 0 1</u>	As of the petition filing date, the claim is: <u>\$58,518.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>line of credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.68	Nonpriority creditor's name and mailing address <u>Readycap Lending</u> <u>200 Connell Pine Ste. 4000</u> <u>Berkeley Heights, NJ 07922</u> Date or dates debt was incurred <u>1/25/2024</u> Last 4 digits of account number <u>9 1 0 3</u>	As of the petition filing date, the claim is: <u>\$48,291.31</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SBA Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.69	Nonpriority creditor's name and mailing address <u>Redwood Toxicology Laboratory</u> <u>PO Box 5680</u> <u>Santa Rosa, CA 95402-5680</u> Date or dates debt was incurred <u>11/2024</u> Last 4 digits of account number <u>8 9 9 5</u>	As of the petition filing date, the claim is: <u>\$8,992.75</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70	Nonpriority creditor's name and mailing address <u>Reliant Energy</u> <u>P O Box 650475</u> <u>Dallas, TX 75265-0475</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,239.80</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.71	Nonpriority creditor's name and mailing address <u>Rex Payne</u> <u>2120 Heather Court</u> <u>Flower Mound, TX 75028</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$31,150.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>premise lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72	Nonpriority creditor's name and mailing address <u>Richard & Cheryl Rayl</u> <u>1750 Timber Ridge Circle</u> <u>Denton, TX 76210</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$121,648.30</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>owners money due</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.73	Nonpriority creditor's name and mailing address <u>Richard Gusmano BCCU SA</u> <u>200 Vesey Street</u> <u>New York, NY 10281</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$7,616.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74	Nonpriority creditor's name and mailing address <u>Sana</u> <u>PO Box 660675</u> <u>Dallas, TX 75266</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>5 7 7 7</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75	Nonpriority creditor's name and mailing address <u>Serra Ramy</u> <u>1701 Bradford Court</u> <u>Denton, TX 76210</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$580.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.76	Nonpriority creditor's name and mailing address <u>Sofia Galvan</u> <u>1005 Dartmouth Dr.</u> <u>Lewisville, TX 75067</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,180.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.77	Nonpriority creditor's name and mailing address <u>Southwestern Electric</u> <u>1 Riverside Plaza</u> <u>Columbus, OH 43215</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$75.10</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.78	Nonpriority creditor's name and mailing address <u>StackAdapt</u> <u>200 Bat Street, South Tower</u> <u>Toronto, Ontario, M5J 2J1, Canada,</u> Date or dates debt was incurred <u>10/2024</u> Last 4 digits of account number <u>2 7 4 6</u>	As of the petition filing date, the claim is: <u>\$599.81</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79	Nonpriority creditor's name and mailing address <u>Stratmedical</u> <u>PO Box 160653</u> <u>San Antonio, TX 78280</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$974.25</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80	Nonpriority creditor's name and mailing address <u>Syed Akhtar</u> <u>1480 Renaissance Dr. #105</u> <u>Park Ridge, IL 60068</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$5,199.78</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Rayl Enterprises, Inc.
Name _____

Case number (if known) _____

Part 2: Additional Page

3.81	Nonpriority creditor's name and mailing address <u>Sylvia Joseph</u> <u>2818 Centerville</u> <u>Dallas, TX 75228</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$7,577.83</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.82	Nonpriority creditor's name and mailing address <u>Synchrony Bank/Sam's Club</u> <u>attn: Bankruptcy Dept.</u> <u>PO Box 71783</u> <u>Philadelphia, PA 19176</u> Date or dates debt was incurred <u>2024</u> Last 4 digits of account number <u>4 9 5 7</u>	As of the petition filing date, the claim is: <u>\$450.35</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.83	Nonpriority creditor's name and mailing address <u>Terry Busse</u> <u>3604 Winifred Dr.</u> <u>Fort Worth, TX 76133</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$2,041.74</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.84	Nonpriority creditor's name and mailing address <u>Trans Med</u> <u>3482 Keith Bridge Rd</u> <u>Cumming, GA 30041-5546</u> Date or dates debt was incurred <u>11/2024</u> Last 4 digits of account number <u>3 7 5 1</u>	As of the petition filing date, the claim is: <u>\$468.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Rayl Enterprises, Inc.
Name _____

Case number (if known) _____

Part 2: Additional Page

3.85	Nonpriority creditor's name and mailing address <u>Trista Wayland</u> <u>1201 Robyn Dr.</u> <u>Aledo, TX 76008</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,177.35</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.86	Nonpriority creditor's name and mailing address <u>Waystar</u> <u>1311 Solutions Center</u> <u>Chicago, IL 60677-1311</u> Date or dates debt was incurred <u>11/2024</u> Last 4 digits of account number <u>9 4 6 8</u>	As of the petition filing date, the claim is: <u>\$1,205.22</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.87	Nonpriority creditor's name and mailing address <u>Wells Fargo Fin Svcs, LLC</u> <u>PO Box 105743</u> <u>Atlanta, GA 30348-5743</u> Date or dates debt was incurred <u>4/2023</u> Last 4 digits of account number <u>3 0 0 0</u> <u>Remarks: property already surrendered</u>	As of the petition filing date, the claim is: <u>\$29,960.31</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>copier lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Pucin & Friedland 935 National Pkwy. Ste. 40 Schaumburg, IL 60173	Line 3.22 <input type="checkbox"/> Not listed. Explain	9 7 3 7
4.2	Transworld Systems, Inc. 500 Virginia Dr Ste 514 Ft Washington, PA 19034-2707	Line 3.69 <input type="checkbox"/> Not listed. Explain	2 5 7 0

Debtor Rayl Enterprises, Inc.
Name

Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$0.00

5b. Total claims from Part 2 5b. + \$1,020,588.09

5c. Total of Parts 1 and 2 5c. \$1,020,588.09
Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Rayl Enterprises, Inc.

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): _____ Chapter 7

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Commercial Lease</u>	<u>1422 Main Ltd.</u>
		<u>Contract to be REJECTED</u>	<u>2016 Justin Rd. Ste. 300</u>
	State the term remaining	<u>0 months</u>	<u>Lewisville, TX 75077</u>
	List the contract number of any government contract	_____	
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Auto lease</u>	<u>Ally Financial</u>
		<u>Contract to be REJECTED</u>	<u>2911 Lake Vista Drive</u>
	State the term remaining	<u>0 months</u>	<u>Lewisville, TX 75067</u>
	List the contract number of any government contract	_____	
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Auto lease</u>	<u>Ally Financial</u>
		<u>Contract to be REJECTED</u>	<u>2911 Lake Vista Drive</u>
	State the term remaining	<u>0 months</u>	<u>Lewisville, TX 75067</u>
	List the contract number of any government contract	_____	
2.4	State what the contract or lease is for and the nature of the debtor's interest	<u>copier lease</u>	<u>Ashley Office Systems</u>
		<u>Contract to be REJECTED</u>	<u>PO Box 843</u>
	State the term remaining	<u>0 months</u>	<u>Nash, TX 75569</u>
	List the contract number of any government contract	_____	

Debtor Rayl Enterprises, Inc.
Name _____

Case number (if known) _____

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5	State what the contract or lease is for and the nature of the debtor's interest	<u>copier lease</u> <u>Contract to be REJECTED</u>	<u>Dealers First Financial LLC</u> <u>PO Box 1069</u> <u>Bellville, TX 77418</u>
	State the term remaining	<u>0 months</u>	
	List the contract number of any government contract	_____	
2.6	State what the contract or lease is for and the nature of the debtor's interest	<u>copier leases</u> <u>Contract to be REJECTED</u>	<u>Dex Imaging, LLC</u> <u>5109 W. Lemon Street</u> <u>Tampa, FL 33609</u>
	State the term remaining	<u>0 months</u>	
	List the contract number of any government contract	_____	
2.7	State what the contract or lease is for and the nature of the debtor's interest	<u>Commercial Lease</u> <u>Contract to be REJECTED</u>	<u>Oakmont Tres Amigos, LLC</u> <u>6421 Camp Bowie Blvd #302</u> <u>Fort Worth, TX 76116</u>
	State the term remaining	<u>0 months</u>	
	List the contract number of any government contract	_____	
2.8	State what the contract or lease is for and the nature of the debtor's interest	<u>Commercial Lease</u> <u>Contract to be REJECTED</u>	<u>Rex Payne</u> <u>2120 Heather Court</u> <u>Flower Mound, TX 75028</u>
	State the term remaining	<u>0 months</u>	
	List the contract number of any government contract	_____	
2.9	State what the contract or lease is for and the nature of the debtor's interest	<u>copier leases</u> <u>Contract to be REJECTED</u>	<u>Wells Fargo Vender Financial Services, LLC</u> <u>PO Box 105743</u> <u>Atlanta, GA 30348-5743</u>
	State the term remaining	<u>0 months</u>	
	List the contract number of any government contract	_____	

Fill in this information to identify the case:

Debtor name Rayl Enterprises, Inc.

United States Bankruptcy Court for the: Eastern District of Texas
(State)

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Cheryl, Richard &	1750 Timber Ridge Circle	Small Business Administration	<input checked="" type="checkbox"/> D
	Street		<input type="checkbox"/> E/F
			<input type="checkbox"/> G
		Bayfirst	<input checked="" type="checkbox"/> D
			<input type="checkbox"/> E/F
			<input type="checkbox"/> G
		Oakmont Tres Amigos, LLC	<input type="checkbox"/> D
			<input type="checkbox"/> E/F
			<input checked="" type="checkbox"/> G
		Rex Payne	<input type="checkbox"/> D
		<input type="checkbox"/> E/F	
		<input checked="" type="checkbox"/> G	
		Readycap Lending	<input type="checkbox"/> D
			<input checked="" type="checkbox"/> E/F
			<input type="checkbox"/> G
		Transportation Alliance Bank	<input checked="" type="checkbox"/> D
			<input type="checkbox"/> E/F
			<input type="checkbox"/> G
		Oakmont Tres Amigos, LLC	<input type="checkbox"/> D
			<input checked="" type="checkbox"/> E/F
			<input type="checkbox"/> G
		Rex Payne	<input type="checkbox"/> D
			<input checked="" type="checkbox"/> E/F
			<input type="checkbox"/> G

Debtor Rayl Enterprises, Inc.
Name

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.2 <u>Rayl, Cheryl</u>	<u>1750 Timber Ridge Circle</u> Street <u>Corinth, TX 76210</u> City State ZIP Code	<u>Intuit/Webbank</u> <u>Optun/United Healthcare Services</u> <u>Orange Advance</u> <u>Barket Epstein Kearon et al</u> <u>Synchrony Bank/Sam's Club</u> <u>Richard Gusmano BCCU SA</u> <u>Capital One Business</u> <u>Mercedes Scientific</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 <u>Richard Rayl</u>	<u>1750 Timber Ridge Circle</u> Street <u>Corinth, TX 76210</u> City State ZIP Code	<u>Block Equity Group</u> <u>American Express</u> <u>American Express</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Rayl Enterprises, Inc.
Name

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.4 <u>Richard & Cheryl Rayl</u>	<u>1750 Timber Ridge Circle</u> Street <u>Corinth, TX 76210</u> City State ZIP Code	<u>Small Business Administration</u> <u>Bayfirst</u> <u>Oakmont Tres Amigos, LLC</u> <u>Rex Payne</u> <u>Readycap Lending</u> <u>Transportation Alliance Bank</u> <u>Oakmont Tres Amigos, LLC</u> <u>Rex Payne</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.5 <u>Richard & Cheryl Rayl</u>	<u>1750 Timber Ridge Circle</u> Street <u>Corinth, TX 76210</u> City State ZIP Code	<u>Block Equity Group</u> <u>American Express</u> <u>American Express</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.6 _____	_____ Street _____ _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Rayl Enterprises, Inc.

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): _____ Chapter 7

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. Real Property:

Copy line 88 from *Schedule A/B*.....

\$0.00

1b. Total personal property:

Copy line 91A from *Schedule A/B*.....

\$120,369.03

1c. Total of all property:

Copy line 92 from *Schedule A/B*.....

\$120,369.03

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$1,755,425.44

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$0.00

3b. Total amount of claims of non-priority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$1,020,588.09

4. Total liabilities.....

Lines 2 + 3a + 3b

\$2,776,013.53

Fill in this information to identify the case:

Debtor name Rayl Enterprises, Inc.

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue

Check all that apply

Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2025 to Filing date
MM/ DD/ YYYY

☒ Operating a business

☐ Other _____

\$16,187.27

For prior year:

From 01/01/2024 to 12/31/2024
MM/ DD/ YYYY MM/ DD/ YYYY

☒ Operating a business

☐ Other _____

\$1,741,720.77

For the year before that:

From 01/01/2023 to 12/31/2023
MM/ DD/ YYYY MM/ DD/ YYYY

☒ Operating a business

☐ Other _____

\$1,738,035.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2025 to Filing date
MM/ DD/ YYYY

For prior year:

From 01/01/2024 to 12/31/2024
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2023 to 12/31/2023
MM/ DD/ YYYY MM/ DD/ YYYY

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. _____ Creditor's name	_____	_____	<input type="checkbox"/> Secured debt
_____	_____		<input type="checkbox"/> Unsecured loan repayments
Street _____	_____		<input type="checkbox"/> Suppliers or vendors
_____	_____		<input type="checkbox"/> Services
_____			<input type="checkbox"/> Other _____
City _____ State _____ ZIP Code _____			

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Creditor's name	_____	_____	_____
_____	_____		_____
Street _____	_____		_____
_____	_____		

City _____ State _____ ZIP Code _____			
Relationship to debtor _____			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
-----------------------------	-----------------------------	------	-------------------

Debtor **Rayl Enterprises, Inc.**
Name

Case number (if known)

5.1. _____
Creditor's name

Street

City State ZIP Code

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

	Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
6.1.	Orange Advance, Magellan MBC Health Providers Creditor's name PO Box 1289 Street Maryland Heights, MO 63043 City State ZIP Code	they took funds from the healthcare insurance companies. XXXX- _ _ _ _	1/2025	\$4,579.60
6.2.	SANA Creditor's name PO Box 660675 #35777 Street Dallas, TX 75266 City State ZIP Code	they took funds from the healthcare insurance companies. XXXX- _ _ _ _	1/2025	\$1,191.92
6.3.	Carelon Behavioral Health Creditor's name 5800 Northampton Blvd. Street Norfolk, VA 23502 City State ZIP Code	they took funds from the healthcare insurance companies. XXXX- _ _ _ _	1/1/2025	\$276.00
6.4.	Aetna Provider Garnishments Creditor's name PO Box 818048 Street Cleveland, OH 44181-8048 City State ZIP Code	they took funds from the healthcare insurance companies. XXXX- _ _ _ _	1/2025	\$132.52
6.5.	Aetna Better Health of Texas Creditor's name PO Box 982979 Street El Paso, TX 79998-2979 City State ZIP Code	they took funds from the healthcare insurance companies. XXXX- _ _ _ _	1/2025	\$1,057.27

Debtor **Rayl Enterprises, Inc.**

Case number (if known) _____

Name

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

7.1.	Case title	Nature of case	Court or agency's name and address	Status of case
	Rex Payne DBA Rex Payne Development LLC vs Richard & Cheryl Rayl dba Rayl Enterprises	eviction citation	In The Justice Court, Precinct 3 Name 400 N. Valley Pkwy Suite 2012 Street Lewisville, TX 75067 City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number E25-21J3			
7.2.	Case title	Nature of case	Court or agency's name and address	Status of case
	Oakmont Tres Dos Amigos LLC vs Rayl Enterprises, Inc and ALL OCCUPANTS and all Occupants	dismissed	Justice Court Precinct 6, Tarrant County, TX Name 6551 Grandbury Road Street 76133 City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number JP06-25-E00082649			
7.3.	Case title	Nature of case	Court or agency's name and address	Status of case
	Oakmont Tres DosAmigos LLC vs Rayl Enterprises Inc and ALL OCCUPANTS and all occupants	dismissed	Justice Court Precinct 6, Tarrant County, TX Name 6551 Grandbury Road Street 76133 City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number JP06-25-E00082647			

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

8.1.	Custodian's name and address	Description of the property	Value
	Custodian's name Street City State ZIP Code	Case title Case number Date of order or assignment	Court name and address Name Street City State ZIP Code

Debtor **Rayl Enterprises, Inc.**
Name

Case number (if known)

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

9.1.	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
	Recipient's name			
	Street			
	City	State	ZIP Code	
	Recipient's relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

10.1.	Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).	Date of loss	Value of property lost

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Name

11.1.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	DeMarco Mitchell, PLLC	Attorney's Fee	12/13/2024	\$2,500.00
	Address			
	500 N. Central Expressway Suite 500			
	Street			
	Plano, TX 75074			
	City	State	ZIP Code	
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

Name

13.1.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
	<u>Carmax</u>	<u>Sold a 2017 Chevrolet Express Van and received \$17,800.00.</u>	<u>5/15/2024</u>	<u>\$17,800.00</u>
	Address			
	<u>5252 State Hwy. 121</u>			
	Street			
	<u>Frisco, TX 75034</u>			
	City State ZIP Code			
	Relationship to debtor			
	<u>none</u>			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

	Address	Dates of occupancy
14.1.	_____	From _____ To _____
	Street	

	City State ZIP Code	

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
—diagnosing or treating injury, deformity, or disease, or
—providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☒ Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	<u>Grace Counseling Center</u>	<u>Mental Health and Substance Use Treatment Facility</u>	_____
	Facility name		
	<u>4251 FM 2181 Ste. 230-517</u>		
	Street		
	<u>Denton, TX 76210</u>	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
	City State ZIP Code	<u>Morgan Records Management 8 State Street</u>	Check all that apply:
		<u>Nashua, NH 03063</u>	<input checked="" type="checkbox"/> Electronically
			<input checked="" type="checkbox"/> Paper

Debtor **Rayl Enterprises, Inc.**

Case number (if known) _____

Name

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained. **Medical Records**

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☐ No. Go to Part 10.☒ Yes. Fill in below:**Name of plan****Employer identification number of the plan****Human Interest**EIN: **2 6 - 4 7 9 9 7 2 9**

Has the plan been terminated?

☒ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 _____ Name _____ Street _____ City State ZIP Code	XXXX- _ _ _ _	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____ _____	_____ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Name

19.1	Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	_____ Name	_____	_____	<input type="checkbox"/> No
	_____ Street	_____	_____	<input type="checkbox"/> Yes
	_____ City State ZIP Code	Address _____ _____	_____	

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

20.1	Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	_____ Name	_____	_____	<input type="checkbox"/> No
	_____ Street	_____	_____	<input type="checkbox"/> Yes
	_____ City State ZIP Code	Address _____ _____	_____	

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
_____ Name	_____	_____	_____
_____ Street	_____	_____	
_____ City State ZIP Code		_____	

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Debtor Rayl Enterprises, Inc.

Case number (if known) _____

Name

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Pending
Case number	Name	<hr/>	<input type="checkbox"/> On appeal
<hr/>	Street	<hr/>	<input type="checkbox"/> Concluded
<hr/>	<hr/>	<hr/>	
	City State ZIP Code	<hr/>	

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
<hr/>	<hr/>	<hr/>	<hr/>
Name	Name	<hr/>	
<hr/>	<hr/>	<hr/>	
Street	Street	<hr/>	
<hr/>	<hr/>	<hr/>	
City State ZIP Code	City State ZIP Code	<hr/>	

24. Has the debtor notified any governmental unit of any release of hazardous material?

☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
<hr/>	<hr/>	<hr/>	<hr/>
Name	Name	<hr/>	
<hr/>	<hr/>	<hr/>	
Street	Street	<hr/>	
<hr/>	<hr/>	<hr/>	
City State ZIP Code	City State ZIP Code	<hr/>	

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Debtor **Rayl Enterprises, Inc.**

Case number (if known) _____

Name

Business name and address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

25.1. _____
Name

Street

City State ZIP Code

EIN: _ _ - _ _ - _ _

Dates business existed

From _____ To _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Dates of service

26a.1. **Patrick Berry**
Name
4099 McEwan RD Ste. 420
Street

Dallas, TX 75244
City State ZIP Code

From **3/2/2023** To **present**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Dates of service

26b.1. **Patrick Berry**
Name
4099 McEwan Road Ste., 420
Street

Dallas, TX 75244
City State ZIP Code

From **3/2/2023** To **present**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Bery & Moro**
Name
4099 McEwan Road
Street

Dallas, TX 75244
City State ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Debtor **Rayl Enterprises, Inc.**

Case number (if known) _____

Name

Name and address

26d.1.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of
inventory****The dollar amount and basis (cost, market, or
other basis) of each inventory****Name and address of the person who has possession of inventory records**

27.1.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<u>Cheryl Rayl</u>	<u>1750 Timber Ridge Circle Corinth, TX 76210</u>	<u>CEO,</u>	<u>51.00%</u>
<u>Richard Rayl</u>	<u>1750 Timber Ridge Circle Corinth, TX 76210</u>	<u>Vice President,</u>	<u>39.00%</u>
<u>Lindsey Rayl</u>	<u>1412 Palisades Denton, TX 76210</u>	<u>Secretary/Treasurer,</u>	<u>10.00%</u>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?☒ No☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

Debtor Rayl Enterprises, Inc.

Case number (if known) _____

Name

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1. Cheryl Rayl \$35,000.00 January , Owner draws
Name February and
1750 Timber Ridge Circle April 2024
Street

Corinth, TX 76210

City State ZIP Code

Relationship to debtor

CEO

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _ _ - _ _ _ _ _

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _ _ - _ _ _ _ _

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/20/2025
MM/ DD/ YYYY

X /s/ Cheryl Rayl
Signature of individual signing on behalf of the debtor

Printed name Cheryl RaylPosition or relationship to debtor CEOAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?☒ No☐ Yes

Fill in this information to identify the case:

Debtor name Rayl Enterprises, Inc.

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): _____

☐ Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Optun/United Healthcare Services PO Box 736187 Chicago, IL 60673		advance in heathcare				\$382,500.00
2	Richard & Cheryl Rayl 1750 Timber Ridge Circle Denton, TX 76210		owners money due				\$121,648.30
3	Rapid Finance 4500 East West Highway 6th Floor Bethesda, MD 20814		line of credit				\$58,518.00
4	Block Equity Group C/O Joseph Valdini 205 Sunrise Hwy. Rockville Centre, NY 11570		promissory note				\$52,450.00
5	Oakmont Tres Amigos, LLC 6421 Camp Bowie Blvd #302 Fort Worth, TX 76116		premise lease				\$50,789.88
6	Readycap Lending 200 Connell Pine Ste. 4000 Berkeley Heights, NJ 07922		SBA Loan				\$48,291.31
7	Rex Payne 2120 Heather Court Flower Mound, TX 75028		premise lease				\$31,150.00
8	Wells Fargo Fin Svcs, LLC PO Box 105743 Atlanta, GA 30348-5743		copier lease				\$29,960.31

Debtor **Rayl Enterprises, Inc.**

Case number (if known) _____

Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Berry & Moro 4099 McEwen Rd. Ste. 420 Dallas, TX 75244		services				\$26,345.10
10	American Express Attn: Global Collections et al 200 Versey Street New York, NY 10285		credit card				\$22,832.00
11	Barket Epstein Kearon et al 666 Old Country Road Ste. 700 Garden City, NY 11530		services				\$19,731.27
12	American Express Attn: Global Collections et al 200 Versey Street New York, NY 10285		credit card				\$13,812.00
13	Lightning Step 5757 Woodway Dr. Ste. 278 Houston, TX 77057		Vendor				\$12,758.07
14	Dreamscape Unlock Health 6716 Alexander Bell Drive Columbia, MD 21046		services				\$12,000.00
15	Intuit/Webbank 215 South State St. Ste. 1000 Salt Lake City, UT 84111		line of credit				\$11,633.39
16	1422 Main Ltd. 2016 Justin Rd. Ste. 300 Lewisville, TX 75077		premise lease				\$10,092.46
17	Nishendu Vasavada, MD 4100 Fairway Ct. Apt. 200 Carrollton, TX 75010		Medical Director				\$10,000.00
18	Redwood Toxicology Laboratory PO Box 5680 Santa Rosa, CA 95402-5680		services				\$8,992.75
19	Richard Gusmano BCCU SA 200 Vesey Street New York, NY 10281		services				\$7,616.00
20	Sylvia Joseph 2818 Centerville Dallas, TX 75228		wages				\$7,577.83

United States Bankruptcy Court
Eastern District of Texas

In re Rayl Enterprises, Inc.

Case No. _____

Debtor

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept **\$2,500.00**

Prior to the filing of this statement I have received **\$2,500.00**

Balance Due **\$0.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

03/20/2025

Date

/s/ Robert T DeMarco

Robert T DeMarco

Signature of Attorney

Bar Number: 24014543

DeMarco Mitchell, PLLC

500 N. Central Expressway Suite 500

Plano, TX 75074

Phone: (972) 578-1400

DeMarco Mitchell, PLLC

Name of law firm

Date: **03/20/2025**

/s/ Cheryl Rayl

Cheryl Rayl

IN THE UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION

IN RE: **Rayl Enterprises, Inc.**

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date **03/20/2025**

Signature **/s/ Cheryl Rayl**
Cheryl Rayl, CEO

Cheryl Rayl
1750 Timber Ridge Circle
Corinth, TX 76210

1422 Main Ltd.
2016 Justin Rd. Ste. 300
Lewisville, TX 75077

1422 Main Ltd.
2016 Justin Rd. Ste. 300
Lewisville, TX 75077

Adrian Campbell
13432 Hang Fire Lane
Cresson, TX 76035

Aetna Better Health of Texas
PO Box 982979
El Paso, TX 79998-2979

Aetna Provider Garnishments
PO Box 818048
Cleveland, OH 44181-8048

Afalco
PO Box 5388
Columbus, GA 31906

Alexa Gould
318 Quail Crossing Dr.
Sanger, TX 76266

Alexis Writtenverry
1901 N. Colony Blvd.
The Colony, TX 75056

Ally Financial
2911 Lake Vista Drive
Lewisville, TX 75067

American Express
Attn: Global Collections et al
200 Versey Street
New York, NY 10285

Ameritas
12655 N. Central Expwy. #910
Dallas, TX 75251

Ameritas Life Insurance
Group
PO Box 81889
Lincoln, NE 68501-1889

APG&E
PO Box 660038
Dallas, TX 75266

Ashley Office Systems
PO Box 843
Nash, TX 75569

Attorney General of Texas
OAG/CSD/Mail Code 38
PO Box 12017
Austin, TX 78711-2017

**Attorney General of the
United States**

Main Justice Bldg., Rm. 5111
10th & Constitution Ave. N.W.
Washington, DC 20503

**Background Screenings of
America**

9333 Melvin Ave.
Northridge, CA 91324

Barket Epstein Kearon et al

666 Old Country Road Ste. 700
Garden City, NY 11530

Bayfirst

700 Central Ave., Mail Code 206
Saint Petersburg, FL 33701

Berry & Moro

4099 McEwen Rd. Ste. 420
Dallas, TX 75244

Block Equity Group

C/O Joseph Valdin
205 Sunrise Hwy.
Rockville Centre, NY 11570

Blue Cross & Blue Shield of TX

Dept 0695
PO Box 120695
Dallas, TX 75312-0695

**Bosshelp Technical
Consultants**

2409 Crown Ct.
Carrollton, TX 75006

Bryan Simmons
422 E. Main
Bloomburg, TX 75556

Caine & Weiner
PO Box 55848
Sherman Oaks, CA 91413

Capital One Business
PO Box 30285
Salt Lake City, UT 84130

Carelon Behavioral Health
5800 Northampton Blvd
Norfolk, VA 23502

Chelsea Bryant
908 Autumn Oak
Denton, TX 76209

Richard & Cheryl
1750 Timber Ridge Circle
Corinth, TX 76210

Cheyenne Ledbetter
1008 Mitchell Lane
Burleson, TX 76028

Cigna Healthcare
c/o Rawlings Co.
PO Box 589
La Grange, KY 40031-0589

Cotiviti
PO Box 952366
Saint Louis, MO 63195-2366

David lawback
442 Hayden Drive
Lewisville, TX 75067

David Simeone
7140 Longo Dr.
The Colony, TX 75056

Dealers First Financial LLC
PO Box 1069
Bellville, TX 77418

Dex Imaging, LLC
5109 W. Lemon Street
Tampa, FL 33609

Dreamscape Unlock Health
6716 Alexander Bell Drive
Columbia, MD 21046

Elaxis Nichols
12660 Jupiter Road
Dallas, TX 75238

Equian, LLC
DM Trust-Aetna
PO Box 639715
Cincinnati, OH 45263-9715

Erica Ramage
5686 FM 560
Hooks, TX 75561

Frontier
Po Box 5166
Tampa, FL 33675-5166

Hailey Finn
100 Cannon Pkwy. #1438
Roanoke, TX 76262

Heather Cupp
1924 Stoneway Dr.
Grapevine, TX 76051

Human Interest
655 Montgomery Street Ste. 1800
San Francisco, CA 94111

Internal Revenue Service
Centralized Insolvency Operations
PO Box 7346
Philadelphia, PA 19101-7346

Internal Revenue Service -
Centralized Insolvency Operations
PO Box 7346
Philadelphia, PA 19101-7346

Intuit/Webbank
215 South State St. Ste, 1000
Salt Lake City, UT 84111

James Clark
2808 Lineville Drive Apt. 204K
Dallas, TX 75234

Jay Klein
PO Box 714
Lakewood, NJ 08701

Katherine Ladd
1519 Bluebonnet Trail
Arlington, TX 76013

Kevin Bolt
4560 FM 995
Atlanta, TX 75551

Kyra Cooper
5920 Rozanna St.
Joshua, TX 76058

Lauren Modin
5416 Timber Creek Road
Flower Mound, TX 75028

Lauren Scott
1701 Bradford Ct.
Denton, TX 76210

Liam Kelly
3917 Redstone Rd.
Denton, TX 76209

Lightning Step
5757 Woodway Dr. Ste. 278
Houston, TX 77057

Linsey Rayl
1412 Park Palisades
Denton, TX 76210

Magellan
MBC Health Providers
PO Box 1289
Maryland Heights, MO 63043

Mercedes Scientific
12210 Rangeland Pkwy.
Bradenton, FL 34211

Metlife
18210 Crane Nest Drive
Tampa, FL 33647

Mitchell Deforest
111 Timberview Dr.
Lewisville, TX 75077

Nationwide
One Nationwide Plaza
Columbus, OH 43215

Nikita Yarborough
2041 Rushing Creek Dr.
Heartland, TX 75126

Nishendu Vasavada, MD
4100 Fairway Ct. Apt. 200
Carrollton, TX 75010

Oakmont Tres Amigos, LLC
6421 Camp Bowie Blvd #302
Fort Worth, TX 76116

Office Depot Office Max
PO Box 790439
Saint Louis, MO 63179

Office of the Attorney General
Bankruptcy-Collections Division
Po Box 12548
Austin, TX 78711-2548

Office of the United States
Trustee
903 San Jacinto Blvd Ste 230
Austin, TX 78701-2450

Optun/United Healthcare
Services
PO Box 736187
Chicago, IL 60673

Orange Advance
101 Chase Ave. Ste. 101
Lakewood, NJ 08701

PENS
PO Box 847203
Dallas, TX 75284-7203

Point Bank
400 Westway St.
Denton, TX 76201-3027

Prority Healy
1705 Reliable Pkwy.
Chicago, IL 60686-0017

Pucin & Friedland
935 National Pkwy. Ste. 40
Schaumburg, IL 60173

Quill
300 Tri State Internatioonal Dr Ste. 300
Lincolnshire, IL 60069

Rapid Finance
4500 East West Highway 6th Floor
Bethesda, MD 20814

Cheryl Rayl
1750 Timber Ridge Circle
Corinth, TX 76210

Readycap Lending
200 Connell Pine Ste. 4000
Berkeley Heights, NJ 07922

Redwood Toxicology
Laboratory
PO Box 5680
Santa Rosa, CA 95402-5680

Reliant Energy
P O Box 650475
Dallas, TX 75265-0475

Rex Payne
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